



Handwritten initials and a signature.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/748,368  
Applicants : Tyrrell et al.  
Filed : 30 December 2003  
TC/A.U. : 1743  
Examiner : Snay, Jeff  
Confirmation No. : 7784  
Docket No. : 0715.0013C  
Customer No. : 27896  
Title : System for Detecting the Distribution of Fluorophores

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**TRANSMITTAL LETTER**

Enclosed are the following documents in response to the Office Action mailed June 28, 2005 for the above-identified application:

- ☒ Amendment/Response (14 pages)
- ☒ Petition for Extension of Time (2 pages)
- ☒ Check No. 9326 in the amount of \$1020.00 for payment of the large entity 3 month extension of time fee
- ☐ Request for Approval of Drawing Changes
- ☐ Information Disclosure Statement
- ☐ Notice of Appeal
- ☐ Associate Power
- ☐ Revocation and New Power
- ☐ Change of Address
- ☐ Return receipt postcard
- ☒ Check No. 9325 in the amount of \$200.00 for the total fee as calculated below
- ☐ Other:



The fee has been calculated as follows:

|   | NO. OF<br>CLAIMS |        | EXTRA<br>CLAIMS | RATE       | FEE             |
|---|------------------|--------|-----------------|------------|-----------------|
| Total<br>Claims   | 31               | - 31 = | 0               | x \$50.00  |                 |
| Independent<br>Claims   | 4                | - 3 =  | 1               | x \$200.00 | \$200.00        |
| If multiple dependent claims are presented, add \$360.00  |                  |        |                 |            |                 |
| Total Amendment Fee   |                  |        |                 |            |                 |
| <input type="checkbox"/> Applicant claims Small Entity Status (subtract 50% of Total Application Fee) |                  |        |                 |            |                 |
| Other fees: (specify)   |                  |        |                 |            |                 |
| <b>TOTAL FEE DUE</b>  |                  |        |                 |            | <b>\$200.00</b> |

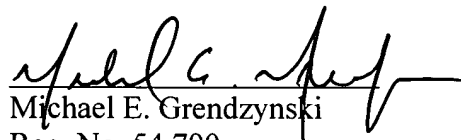
- ☒ A check for the total fee is attached.
- ☐ Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
- ☒ The Commissioner is hereby authorized to charge any additional appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: December 28, 2005

**EDELL, SHAPIRO & FINNAN, LLC**  
**CUSTOMER NO. 27896**  
1901 Research Boulevard, Suite 400  
Rockville, MD 20850  
(301) 424-3640

Respectfully submitted by  
**EDELL, SHAPIRO & FINNAN, LLC**

By:

  
Michael E. Grendzynski  
Reg. No. 54,790